

SERIAL NUMBER 09/270,639	FILING DATE 03/15/99	CLASS <del>1345</del> 701	GROUP ART UNIT <del>2953</del> 3661	ATTORNEY DOCKET NO.
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APPLICANT

THOMAS W. FERGUSON, BELLAIRE, OH.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\* *none*  
VERIFIED

*MP*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\* *none*  
VERIFIED

*MP*

\*\*FOREIGN APPLICATIONS\*\*\*\*\* *none*  
VERIFIED

*MP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED C4/07/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>MP 5/23/00</i> <small>Examiner's Initials</small>			<small>Initials</small>			

ADDRESS  
TITLE

THOMAS W FERGUSON  
54861 HIGH RIDGE ROAD  
BELLAIRE OH 43906

*CRASH*  
VEHICLE DATA RECORDER

FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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